

Kentucky Department for Environmental Protection
Division of Waste Management
Underground Storage Tank Branch
300 Sower Boulevard – Frankfort KY 40601
(502) 564-5981

FOR OFFICIAL USE ONLY –
DO NOT WRITE IN THIS SPACE

DRAFT

UST Electronic Release Detection Equipment Test

Date Form Completed	/ /				
1. UST Facility Information					
Agency Interest Number (AI)					
UST Facility Name					
UST Facility Physical Address	Street Address:				
	City:	County:	Zip Code:	-	
UST Facility Physical Phone	Phone: () -		Alternate Phone: () -		
2. UST System Owner Information					
UST System Owner Name					
UST System Owner Contact Information	Phone: () -		Alternate Phone: () -		
	Email:				
3. Tester Information					
Name of Person Performing Test					
Certification / License Number					
Certification Type (mark all that apply)	<input type="checkbox"/> Tank Manufacturer <input type="checkbox"/> Test Equipment Manufacturer <input type="checkbox"/> Other (specify):				
Contact Information	Phone: () -		Email:		
Company Name					
Company Mailing Address	Street Address:				
	City:	State:	Zip Code:	-	
4. Monitoring Console Information					
Test Date	/ /				
Console Type ¹	Manufacturer ²	Model ³	Serial Number	Function Check	Alarms Test
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comment on all failures, repairs, or maintenance required					

¹ Monitoring Console Information – Console Type (e.g. ATG, ELLD, IM, etc.)

² Monitoring Console Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

³ Monitoring Console Information – Model (e.g. TLS-350, TS-1001, etc.)

AI _____

5. Automatic Tank Gauge Probe Information

Test Date		/ /				
Tank / Compartment	Product	Probe Type ⁴	Manufacturer ⁵	Model ⁶	Serial Number	Function Check
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
-						<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comment on all failures, repairs, or maintenance required						

6. Sensor Information

Test Date		/ /				
Location ⁷	Type ⁸	Manufacturer ⁹	Model ¹⁰	Serial Number	Function Check	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
					<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Comment on all failures, repairs, or maintenance required						

7. Attachments (required)

☐ I have attached copies of the alarm history verifying probe out, water alarms, and high product alarms following test completion (required).

8. Certification

☐ Check here if the person completing the form is the same as the tester named in the tester certification below.

Name of Person Completing Form		Date Completed	/ /
Email		Phone Number	() -
I certify that all the information provided on this document is true, accurate, and complete.			
Tester Certification	Printed		Date
	Signature		
	License #		License Expiration Date

If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at <http://waste.ky.gov/ust>. For copies of facility records please visit <http://eec.ky.gov/pages/openrecords.aspx> or email DEP.KORA@ky.gov.

⁴ Automatic Tank Gauge Probe Information – Probe Type (e.g. inventory only, leak detection [0.2/01], or CSLD/SCALD)

⁵ Automatic Tank Gauge Probe Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

⁶ Automatic Tank Gauge Probe Information – Model (e.g. MagPlus, TSP-LL2, etc.)

⁷ Sensor Information – Location (e.g. DSL sump, dispenser ¼, RUL IM sensor, etc.)

⁸ Sensor Information – Type (e.g. float-switch, liquid, optical, discriminating, magnetostrictive, vapor, hydrostatic, dry interstitial, solid state, solid state discriminating, groundwater, etc.)

⁹ Sensor Information – Manufacturer (e.g. Veeder-Root, Incon, etc.)

¹⁰ Sensor Information – Model (e.g. MagSump, Series 7943, TSP-DTS, TSP-HIS, etc.)